

TO: AD34, FORMS MANAGEMENT OFFICER, IT SYSTEMS ENGINEERING GROUP				1. DATE:		REQUEST FOR CLEARANCE/ REVISION OF A FORM					
2. REQUESTER:				3. OFFICE CODE:		4. TELEPHONE:		5. REQUESTER'S SIGNATURE:			
6. THRU (Organizational Forms Representative):				7. OFFICE CODE:		8. TELEPHONE:		9. REPRESENTATIVE'S SIGNATURE:			
10. TYPE OF FORM REQUESTED: <input type="checkbox"/> New <input type="checkbox"/> Electronic <input type="checkbox"/> Revise <input type="checkbox"/> Reinstate <input type="checkbox"/> Overprinting			11. USE OF FORM WILL BE: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (6 months or less)			12. IF REVISION, GIVE CURRENT FORM NUMBER AND REVISION DATE:					
13. RELATED FORM(S):			14. PRESCRIBING ISSUANCE (Directive, Regulation):			15. DISPOSITION OF PRESENT STOCK: <input type="checkbox"/> Destroy <input type="checkbox"/> Use (until supply on hand is depleted)					
16. FORMS SUPERSEDED BY REVISION:			17. SUGGESTED TITLE OF FORM:								
18. GIVE BRIEF STATEMENT OF INTENDED PURPOSE OF FORM AND HOW IT WILL BE USED, INCLUDING SCOPE OF USAGE. (Continue on attachment if necessary):											
19. COST ACCOUNTING/PROGRAMMATIC CODE (MANDATORY):				20. PRINT FORMS: HEAD-TO: <input type="checkbox"/> One Side <input type="checkbox"/> Head <input type="checkbox"/> Left <input type="checkbox"/> Foot <input type="checkbox"/> Right			21. COMPLETED SIZE: <input type="checkbox"/> 5 x 8 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other (specify):				
22. QUANTITY Initial Order:		23. QUANTITY IN <input type="checkbox"/> Cut Sheet <input type="checkbox"/> Set <input type="checkbox"/> Tag <input type="checkbox"/> Pad <input type="checkbox"/> Card <input type="checkbox"/> Continuous			24. PADDED (No. sheets in pad):		25. SETS (No. of sheets in set):		26. PAPER STOCK (Bond, NCR, Index, etc.):		27. PAPER COLOR:
28. SECURITY CLASSIFICATION: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> PAI INVOLVED <input type="checkbox"/> CLASSIFIED: <input type="checkbox"/> Filled in <input type="checkbox"/> Not filled in											
29. IF FORM WILL ONLY BE STOCKED BY THE REQUESTING ORGANIZATION, PROVIDE NAME, ORGANIZATION CODE, AND PHONE NUMBER OF PERSON TO BE CONTACTED TO OBTAIN COPIES OF THIS PARTICULAR FORM IN THE AREA BELOW:											
NAME OF PERSON TO CONTACT FOR COPIES OF FORM:				ORGANIZATION CODE:				TELEPHONE NUMBER:			
TO BE COMPLETED BY MSFC FORMS MANAGEMENT OFFICER (AD34)											
30. OVERALL SIZE:		31. FOLDED SIZE:		32. UNIT OF ISSUE:			33. PERFORATION:				
34. PADDING Location: No. Sheets in: Number of Sets in Pad:				35. PUNCHING No. of Holes Diameter C to C Position				36. BINDING <input type="checkbox"/> Glued <input type="checkbox"/> Side <input type="checkbox"/> Saddle <input type="checkbox"/> Other			
37. PAPER STOCK					38. PRINT					39. STOCKING: <input type="checkbox"/> Central Supply, Bldg 4200 <input type="checkbox"/> Office of Requester <input type="checkbox"/> Other (Specify): 40. CHARGE CODE: 41. FUNCTIONAL CODE:	
Copies	Basis Weight	Grade	Color	Color of Ink	Face Only	Head to Head	Head to Foot	Head to Left	Head to Right		
1.											
2.											
3.											
4.											
5.											
6.											
42. FORM NUMBER:											
43. APPROVED BY FORMS MANAGEMENT OFFICER:					44. DATE:			45. SUPPLY ORDERED:			